



MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179

Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

- The state of the					
Name D. J. Al. J.	Office:				
Mailing address	House				
Mary Pennell Nelson Mailing address 213 Fores, de Rd. City, zip code Falmouth 04105	District 112				
City, zip code	Phone				
talmouth 04105	207-781-3750				
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER					
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.					
Name of Employer	Address	Principal Type of Economic Activity of Employer			
NA Ladderman		770-manusing			
1000		vanouri)			
CONTROL CONTRO	NORTH CONTROL				
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Marie of the Control					
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BERTALA					
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)					
(For Legislators who are self-employed.) A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If					
associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.					
Name and Address of Business Entity	Major Areas of Economic A (self)	Major Areas of Economic ctivity Activity (partnership, association or similar business entity)			
Name:					
Address:	Value of the Control	* manazazaini			
Name:	de de la companya de	· IIIIIIAAAAA			
Address:		Name of America			

PART 2 (continued). INCOME DERIVED FR		V		
(For Legislators who are self-employed.) B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.				
Name and Address of Source	Ac	Principal Type of Economic tivity of Entity or Person Who is the Source of the Income		
Name: Address:	3-3-4-4-4-6-3-7-9-6-3-3-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	**Control College Medical Coll		
Name: Address:	wifuse incorporate Control and Control and Control and Analysis in the Control and Analysis and	Condension with Michigan Mark Andréid de very region or conversation de la		
PART 3. MAJOR AREAS OF I (For Legislators who are attorneys-a				
List your major areas of practice. If associated with a law firm, list the major area	s of practice of your firm.	TO A CONTROL OF THE LOCAL PROPERTY AND A CONTROL OF THE CONTROL OF		
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)		
Name: Address:	* .			
Name:	delikh da di Mari (finkeka) (finn yanda umi dan ekan ama perpenya (ji ye yi yilga da yilga da da da da da da d			
Address:				
PART 4. OTHER SOURCES O	FINCOME			
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this for		f none, check the box.		
None	PROPERTY OF THE PROPERTY OF TH	MERINAMENTAL MERINAMENTAL MARKET MARKET MERINA DER STEINE DER STEINE AUGUS DER AUSSEN DER STEINE DER STEINE MERINAMEN DER GEREICHE		
Name and Address of Source	CONTRAINMENT OF THE PROPERTY O	Kind of Income (investments, leases, etc.)		
Name: 212 CancoRealty LLC Address: 212 Canco Rd. Portland, ME	t a	Reutal Income		
Address: 212 Canes Rd. Portland, ME				
Name: Address:	Open constraint of the constra			
PART 5. REPORTABLE LIAI	udhear as de er a hearthad his ser spreac			
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans	received during the report from a relative. If none, ch	ting period, and list the major neck the box.		
None Page 1				
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name:				
Address:	m with a basic Colorina			
Name:	SINN NORTH CONTROL OF THE CONTROL OF	With the control and the contr		
Address:				

PART 6. RI	EPORTABLE GIFTS
List the specific source of each gift of more than \$300. Include none, check the box.	gifts with an aggregate value of more than \$300 from a single source. If
None	$+ (Q_{1} + (Q_{1} + Q_{2} + Q_{3} + Q_{3} + Q_{4} + $
Name of Source of Gift 1.	Name of Source of Gift 3.
2.	
	DRTABLE HONORARIA
List the source of any honoraria accepted for appearances or spe None	eeches related to your legislative responsibilities. If none, check the box.
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	
PART 8. REPRESENTAT	ION BEFORE STATE AGENCIES
List each executive branch agency before which you represented box.	d or assisted others for compensation of any amount. If none, check the
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9. BUSINES:	S WITH STATE AGENCIES
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	f your immediate family sold goods or services with a value in excess of
□ None	が表示が最近。機能を49年9999-14-48から間から対象が発示が高端ではMain に対象が体験ではWanterのできた。
Name of Agency	Name of Agency
1. Pepti of Corrections	3.
1. Dept. of Corrections 2. Univ. of So. Maine	4.
PART 10. INCOME RECEIVED E	BY MEMBERS OF IMMEDIATE FAMILY
List the type of economic activity representing each source of inc dependent child(ren) during the reporting period and the kind of in or more of income, their name and job title are listed. Do not inclu-	come of \$1,000 or more received by your spouse or domestic partner or income represented. If your spouse or domestic partner received \$1,000 ude gifts.
Ty	rpe of Economic Activity Representing Source of Relationship Kind of Income
Name: Kenneth M., Nelson 1. Job Title: President & CEO, Nelson & Smell 3.	Spouse or 1. Domestic 2.
Job Fine: President & CEO, Nelson & Small 3.	Partner 3.
	Dependent Child
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.	Dependent Child
	Dependent Child

PART 11. OFFICER OR DIRECTOR POSITIONS List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member. ☐ None Organization/Business Position Held Family Member's Compen-Title and Address Name sated? Southern Maine Comm. College Foundation Board Member Mary Netson South Portland, Maine Osher Library Associates Board Mamber Mary Nelson No USM, Portland, Maine Javish Community Alliance 57 Ashmont St., Portland, Maine Ctr. for Prevention of Hate Violence Kennern No

SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)

68 High St. Portland, Maine

Varuacy 11, 2010 (Date

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ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number fo the information you are providing.				
Part/Section Number				
and the state of t		Janes Committee		
